

MOVE MORE ADULTS APPLICATION FORM



| PARTICIPANT DETAILS | |
|---|-----------------------|
| Name: | Date of Birth: |
| Home Address: | |
| Day Telephone: | Mobile: |
| Email: | |
| GP: | GP Surgery: |
| Name of an Emergency Contact and Telephone: | |
| Which Move More Jersey activity are you registering for? (You can tick more than one). | |
| <input type="checkbox"/> Health Walks <input type="checkbox"/> Adult Classes | |

Please answer the questions below to ensure we have all the information we need to ensure your safety. If you answer yes to 1 or more questions, one of our Move More Instructors will call you to discuss what classes will be best for you. We may also ask you to talk to your GP **BEFORE** you start the activity.

| MEDICAL/DISABILITY INFORMATION | YES / NO | DETAILS |
|---|---|---------|
| Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | <input type="checkbox"/> <input type="checkbox"/> | |
| Do you feel pain in your chest when you do physical activity? | <input type="checkbox"/> <input type="checkbox"/> | |
| In the past month, have you had chest pain when you were not doing physical activity? | <input type="checkbox"/> <input type="checkbox"/> | |
| Do you lose your balance because of dizziness or do you ever lose consciousness? | <input type="checkbox"/> <input type="checkbox"/> | |
| Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? | <input type="checkbox"/> <input type="checkbox"/> | |
| Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? | <input type="checkbox"/> <input type="checkbox"/> | |
| Do you know of any other reason why you should not do physical activity? | <input type="checkbox"/> <input type="checkbox"/> | |

Our Move More activities are based upon encouraging behavioural and lifestyle change to support people in improving their physical and mental wellbeing.

To help us understand our clients, we would ask that you **complete the following questions**. This data is anonymised and is being collated solely for information purposes to ensure we are designing classes and programmes which meet the needs of our clients. These questions are not compulsory, however we would be very grateful if you would take the time to complete the survey.

| PHYSICAL WELLBEING | PLEASE CIRCLE |
|--|---|
| In the past week, on how many days have you accumulated at least 30 minutes of moderate intensity physical activity such as brisk walking, cycling, sport, exercise, and active recreation? | <p style="text-align: center;">0 1 2 3 4 5 6 7</p> <p>(Do not include physical activity that may be part of your job or usual role activities.)</p> |

| On a scale of 0 – 10 (0 = not at all and 10 = completely) | |
|--|--|
| MENTAL WELLBEING | PLEASE CIRCLE |
| How satisfied are you with your life nowadays? | <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p style="text-align: center;">Prefer not to say Don't know</p> |
| How happy did you feel yesterday? | <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p style="text-align: center;">Prefer not to say Don't know</p> |
| How anxious did you feel yesterday? | <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p style="text-align: center;">Prefer not to say Don't know</p> |
| Overall to what extent do you feel the things you do in your life are worthwhile? | <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</p> <p style="text-align: center;">Prefer not to say Don't know</p> |

| DATA PROTECTION | |
|---|--|
| <p>We collect information to help manage your account. All personal Information we collect from you will be recorded, used, and recorded by us in accordance with the Data Protection (Jersey) Law 2018 and with our privacy policy (available at www.jerseysport.je). We may supplement the information that you provide with other information that we obtain from our dealings with you.</p> | |
| I give consent for Jersey Sport/Move More Jersey to email me with information about classes, events and general wellbeing. | <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| I give consent for Jersey Sport/Move More Jersey to send me text messages with information about classes, events and general wellbeing. | <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

FIRST AID CONSENT

I give my permission for the administration of basic first aid treatment. In the event of an emergency, I authorise staff to take appropriate action to obtain necessary medical help, including sending me to hospital.

Yes No

PHOTOGRAPHY / OTHER MEDIA

I give permission for Jersey Sport/Move More Jersey to include me in any photographs and video content taken, and allow full and free use of the photographs and video across publications, on social media and on the jersey sport.je and movemore.je websites.

Yes No

DISCLAIMER

Jersey Sport/Move More Jersey accepts no responsibility or liability for any loss, injury or damage to persons or property save where such loss, injury or damage is directly caused by the negligence of Jersey Sport/Move More Jersey. It is my responsibility to ensure I am fit and in good health to participate in the activity I choose to attend. Jersey Sport/Move More Jersey reserves the right to cancel any course if necessary. If Jersey Sport/Move More Jersey staff feel that there is a risk to your health, you may be advised to seek written consent from your health professional before continuing with any session.

SIGNATURE

By signing this form, I have read and understood the Terms and Conditions in the Disclaimer above and agree to abide by them.

Signed:

Date:

Print name:
